the treatment must not be continued for weeks at a time. Magnus-Levy says that this treatment is only necessary for the moderately severe and the severe cases. The method must be followed, but with great care as to details, and daily quantitative determinations of the amount of sugar in the urine are necessary to control the treatment. Magnus-Levy gives the details of the treatment in a case treated by this method. He says that equally good results may be obtained in some individual patients with rye or wheat meal instead of the oatmeal, but believes that oatmeal starch has certain unknown qualities that makes it superior to other starches for the majority of diabetic patients.

A Physiological Investigation of the Treatment in Hemoptysis.—Wiggers (*Arch. of Int. Med.*, 1911, viii, 17) says that the perusal of recent text-books on internal medicine indicate the chaotic state that the management of pulmonary hemorrhage is in today. Adrenalin, ergot, digitalis, and strophanthus have been recommended by some authorities because of their constricting action upon the pulmonary bloodvessels and the slowing of the heart beat. Others deny their efficacy because of the rise of blood pressure induced by them. Atropine has been advised on the assumption that the dilatation of the skin bloodvessels caused by it draws blood from the pulmonary circulation, while others have condemned it because of its accelerating action on the heart. Aconite, chloral, and chloroform have been frequently recommended, since they reduce the output of the heart and thus tend to relieve the pressure in the pulmonary circuit. The overdepression of both heart and the respirations are the chief reasons for their nonemployment by other observers. Amyl nitrite and other nitrites have also been favored on the ground that they lower the pulmonary blood pressure by reducing pressure in the left auricle. They also cause acceleration of the heart that may more than counterbalance this fall in pressure, and for this reason are pronounced useless by others. Wiggers discusses in detail the theoretical basis of the experiments he performed, and gives his conclusions regarding the various remedies that have been more or less empirically recommended. He found that alcohol-free preparations of digitalis cause a rise of arterial pressure and an immediate increase of hemorrhage, owing to the increased output of the right ventricle and the constriction of the pulmonary vessels. They do induce a temporary fall in venous pressure and a reduction of venous hemorrhage lasting as long as the heart remains slowed. This is shortly followed by an increased pressure and hemorrhage when the slowing action is lost. The experiments showed similar effects with strophanthin as those observed with digitalis, except it failed to slow the heart, consequently no beneficial effect of strophanthin upon pulmonary hemorrhage, whether from arteries or venis, can be assumed. Ergotoxin temporarily decreases the pulmonary arterial pressure because of its depressant action on the heart. This is followed by an increased pressure due to a secondary augmentation of the heart. The pressure and hemorrhage from the pulmonary veins are permanently decreased, owing to a persistent constriction of the smaller vessels. The action of ergotoxin on the heart and circulation wanes as the loss of blood continues. Pituitary extract elevates the systemic arterial pressure by virtue of its peripheral constriction and in spite of a weakening of the left heart. Pituitary extract also causes a fall of pressure throughout the pulmonary circuit because of a decrease in the amplitude of the contractions of the right ventricle. There was no effect upon the expirations except in severe hemorrhages when it sometimes lessened the amplitude of dyspneic respiratory movements. Large doses of chloroform cause a fall of pressure within the pulmonary circuit due to the depression of the heart aided by the diminished respirations. Small doses of chloroform lessen the respiratory movements in hemorrhage and so decrease the pulmonary pressure and hemorrhage without affecting the heart. The nitrites and nitroglycerin cause a general increase in pressure throughout the pulmonary circuit on account of the increased rate and amplitude of the heart, consequently they also cause an increase of the hemorrhage. They may cause a reduction of hemorrhage in the stage when they induce a reduction in the depth of the respiratory movements, which is a symptom of dangerous depression and is accompanied by a weakened systole of the heart. Wiggers concludes by discussing the application of these remedies to cases of pulmonary hemorrhage upon the basis of his experimental work. He says that the chief object of treatment is to promptly reduce the bleeding in the early stage by such drugs as lower the pressure within the pulmonary circuit. He says that this cannot be accomplished by vasomotor drugs such as nitroglycerin or nitrites, and that cardiac depressants, such as chloroform and pituitary extract, must be resorted to. If hemorrhage is continued until the heart is very rapid and the respirations accelerated, deep, and forcible, it is an indication that the heart and bloodvessels no longer react in a typical manner to certain drugs and that the anemia of the cerebral centres is being felt. During this stage it is important that the blood supply of the brain be not reduced by the drugs which check hemoptysis. Hence the drug that combines an ability to elevate systemic arterial pressure and simultaneously to lower that in the pulmonary circuit is the ideal physiological agent to employ during this stage. Wiggers says that, of the drugs investigated, pituitary extract is the only one that possesses his fortunate combination of actions.

Phenylcinchonic Acid in Gout.—GEORGIEWSKY (*Deutsch. med. Woch.*, 1911, xxxvii, 1030) has employed phenylcinchonic acid in the treatment of gout because of its action in markedly increasing the excretion of uric acid in the urine. He says that the majority of patients so treated have shown an improvement in both the subjective and objective symptoms. These results have also been obtained by a number of other observers. The author gives the remedy in doses of 0.5 gram three or four times a day for periods of from five to ten days. No outward effects have been observed from its use.

Indications for the Vaccine Treatment of Disease.—REITER (*Berl. klin. Woch.*, 1911, xlviii, 1235) says that vaccine therapy should never be resorted to in general infections. Local suppurations of all kinds, including local tuberculous infections, are most suitable for vaccine treatment. An autogenous vaccine gives the best results. Autogenous vaccines are absolutely indicated in infections due to the